

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/598811</div>	FILING DATE
							APPLICANT(S)	
<div style="display: flex; justify-content: space-between;"> <span>6/25/97</span> <span>CLAIMS</span> </div>								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		1						
4		3						
5		3						
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19		3						
20		3						
21			1					
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TOTAL IND.	1	↓	4	↓		↓		
TOTAL DEP.	23	←	19	←		←		
TOTAL CLAIMS	24		23					
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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96								
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98								
99								
100								
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								

PTO - 1360 (REV. 11/84)

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